

RFP DUE: MONDAY, FEBRUARY 25, 2008 BY MAIL by 4:30 pm
INDPLS TIME: (Not email nor fax – will be denied) If received after
4:30 pm, will not be accepted.

REQUIREMENTS OF THE ESG PROGRAM:

Required to be an existing emergency shelter or a transitional housing providing services to homeless persons.

Any agency on the Indiana Housing & Community Development Authority Suspended List will not be scored and will not be awarded an agreement/contract.

If there are any current HUD Findings against your agency, the application will not be scored and will not be awarded an agreement/contract.

For ESG, HUD's homeless definition is: A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD's homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street
In an emergency shelter;

In transitional or supportive housing for homeless person who originally came from the streets or an emergency shelter;

In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or institution;

Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support needed to obtain housing. Or their housing has been condemned by housing officials and is no longer considered meant for human habitation;

Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support to obtain housing;

Is fleeing domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

Must be a non-profit 501(C3)

All Agencies must have Internet Access with e-mail availability.

All agencies must sign a contract/agreement with IHCD.

All agreements will be required to complete a Semi-Annual, Annual Report and Closeout Form per fiscal year. The Semi-Annual will be due in January and the Annual Report will be due in July. Closeout Form will be due by August 30th. With regular utilization of HMIS software program, this data will be easy to retrieve when it is needed for these reports.

All agreements will be performance-based. The agency is required to have three (3) performance objectives for their type of agency. It will be required that the agency complete all outcomes for the program within the funding year and to meet the percentage goal or above. The facility will need to show documentation of these outcomes by filling out quarterly reports. The report will be a similar form that was utilized last year.

Only one application per agency.

Maximum award per agency is \$50,000.

Claims for Reimbursement:

The agencies are reimbursed for services and products. There will be 12 claims for the fiscal year and the claims are due each month for prior month's services and operations. All claims need to be filed by August 15, 2009 of the fiscal year. Fiscal Year July 1, 2008-June 30th, 2009

HMIS Software – Requirement

This Emergency Shelter Grant Application requires participation in a Homeless Management Information System (HMIS). HMIS is a secure, confidential electronic data collection system that can be used to determine the nature and extent of homelessness. The organization will be required to purchase the software licenses and enter the data in the system on a regular and consistent basis. Funding for HMIS licenses is an eligible activity under ESG operations line item.

The Federal Register stated that all recipients of HUD McKinney-Vento Act program funds are expected to participate in an HMIS that includes Emergency Shelter Grants. (See 68 Fed. Reg., 43435) (7/22/2003.) In response to this requirement, the Indiana Coalition on Housing and Homeless Issues (ICHHI) has implemented HMIS in Indiana. For information contact ICHHI http://www.ichhi.org/index.asp?action=programs_hmis_forms or call 317.636.8819 before submitting your ESG Application.

ACCESS TO RECORDS/INSPECTIONS. The Grantee shall, without prior notice and at any time; permit HUD or its representatives, the General Accounting Office or its representatives, and the Indiana Housing & Community Development Authority or the State Auditor to examine, audit, and/or copy **so long as no identifiable data about persons who receive service is released** (See 68 Fed. Reg., 43450) (7/22/2003) (1) any plans and work details pertaining to the program, (2) all of the applicant's books, records and accounts, and (3) all other documentation or materials related to this Contract; the applicant shall provide proper facilities for making such examination and/or inspection. The applicant, upon request, will provide aggregate data about services related to persons who receive services.

The applicant shall provide IHCDCA all necessary records, data, information, and documentation required for IHCDCA to carry out its obligations under the Grant Agreement.

The applicant agrees to submit client demographic information as required by the U.S. Department of Housing and Urban Development via a Homeless Management Information System (HMIS). All information reported to IHCDCA or ICHHI will only contain aggregate data and will not contain person-identifying information.

The applicant agrees to participate in the HMIS within six months of their agreement with IHCDCA (See Fed. Reg. 68, 43431 7/22/2003). **The applicant agrees to enter data into the HMIS program on a regular and consistent basis. IHCDCA will keep track of entry with assistance from ICHHI.** The applicant will use one of two HMIS systems; AWARDS by Foothold Technology or ClientTrack by DSI (for those who Grantees in Marion County Only) for reporting the data. **See attached form for HMIS fee rates.**

Each applicant applying for funds must certify the agency's compliance with the following assurances and in the future be prepared to provide written policies and procedures, where applicable, and upon request.

CERTIFICATION:

A. AUTHORITY OF APPLICANT AND ITS REPRESENTATIVE:

The authorized representative of the agency who signs the certifications and assurances affirms that both the applicant and its authorized representative have adequate authority under state and local law and internal rules of the applicant organization to:

1. Execute and return the application.
2. Execute and return the required certifications, assurances, and agreements on behalf of the applicant and,
3. Execute agreements on behalf of the applicant.
4. Understand that intentional falsification, concealment or cover up by any trick, scheme or devise of any information, charts, data, attachments, or materially false, fictitious or fraudulent statement or representation of any information, submitted by the applicant will permanently disqualify the applicant from applying for funds under this program's initiatives.

B. STANDARD ASSURANCES:

The applicant assures that the agency will comply with all applicable federal statutes, regulations, executive orders, circulars, and other federal administrative requirements in carrying out the grant.

The applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant and recognizes that federal laws, regulations, policies and, administrative practices, might be modified from time-to-time and may affect the implementation of the project.

C. DEBARMENT OR SUSPENSION:

The applicant or principals have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction, or have not been terminated for cause or default.

D. DRUG FREE CERTIFICATION:

The applicant will publish, or has published, a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against the employees for violation of that prohibition.

Establish an ongoing drug-free awareness program to inform its employees about: (1) the dangers of drug abuse in its workplace; (2) the applicant's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs, and (4.) the penalties that may be imposed upon its employees for drug abuse violations occurring in the workplace.

Making it a requirement that each of its employees engaged in the performance of the grant be furnished a statement of the applicant's drug policy.

E. NON-DISCRIMINATION:

The applicant will comply with title vi of the 1964 civil rights act, as amended (42 u.s.c. § 2000d et seq.) the Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Americans with Disabilities Act (ADA), as amended, (42 U.S.C. § 12101 et seq.)

The Civil Rights Act generally requires that applicants assure that no person otherwise qualified, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in or be denied the benefits of, or otherwise discriminated against in any program, or activity conducted by the applicant.

The Rehabilitation Act and ADA generally require that any person otherwise qualified with a disability shall, not be excluded from participation in, or denied the benefits of, or otherwise subjected to discrimination, in any program, or activity receiving federal assistance, by reason of that disability.

F. AGE DISCRIMINATION ACT:

The 1975 Age Discrimination Act of, as amended, (42 U.S.C. § 6101 et seq.) provides that no person shall be excluded from participation, denied program benefits, or subjected to discrimination on the basis of age, under any program, or activity receiving federal funds.

G. EXECUTIVE ORDER (EO) 11246:

This EO, as amended, provides that no person shall be discriminated against, on the basis of race, color, religion, sex, or national origin, in any phase of employment during the performance of federal contracts in excess of \$10,000.

H. OMB CIRCULAR A-110 AS REVISED:

Applicant certifies that the funding provided by the state through this agreement should not be used to provide voters and prospective voters with transportation to the polls or provide similar assistance in connection with any election or voter registration activity.

Positive efforts shall be made by applicants to utilize small businesses, minority firms, and women's business enterprises whenever possible. Recipients of federal awards shall take all of the following steps to further this goal:

1. Ensure that the small businesses, minority owned firms, and women's business enterprises are used to the fullest extent possible.
2. Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small business, minority-owned firms, and women's business enterprises.
3. Consider, in the contract process, whether firms competing for contracts intend to subcontract with small businesses, minority owned firms, and women's business enterprises.
4. Encourage contracting with consortiums of small businesses, minority-owned firms, and women's business enterprises, when a contract is too large for one of these firms to handle individually.
5. Use the services and assistance, as appropriate, of such organizations as the federal Small Business Administration and the Indiana Department of Administration's minority business development division in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.
6. For more information about OMB Circular A-110: <http://www.whitehouse.gov/omb/>

I. ANTI-LOBBYING:

Pursuant to 31 U.S.C. § 1352, and any regulations promulgated thereunder, applicant hereby assures and certifies, to the best of his or her knowledge and belief, that no federally appropriated funds have been paid, or will be paid, by or on behalf of applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress, in connection with the awarding of any federal

contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

J. RELIGIOUS ACTIVITIES:

Applicant agrees that activities conducted with funding obtained through this agreement shall be non-sectarian in nature and that religious activities shall not be included in any Activities to be conducted hereunder.

K. CONFLICT OF INTEREST:

Applicant specifically agrees to comply with applicable provisions of the Office Of Management and Budget Circulars A-110 and "The Common Rule" regarding conflicts of interest. Applicants further acknowledge and agree that no employee, agent, representative, or subcontractor of applicant who may be in the position to participate in the decision-making process of applicant or its subcontractors may derive an inappropriate personal or financial interest or benefit from any activity funded through this agreement, either for himself or for those with whom he has family business ties.

M. ENVIRONMENTAL TOBACCO REGULATIONS:

Applicant certifies that it will comply with applicable provisions of the Pro-Children Act of 1994 (20 U.S.C. § 6081 et seq.), which require that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted for by contractor and which is used routinely or regularly for the provision of health, day care, education, or library services to children under the age of eighteen (18) years, if the services are funded by federal programs either directly or through states or local governments by federal grant, contract, loan, or loan guarantee. This provision shall not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment.

CERTIFICATION STATEMENT AND SIGNATURE

Grantee Name:

In order for your agency to be considered to receive funding through this Application, the following certification statement must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (in your by-laws) TO SIGN YOUR AGREEMENT.

This certification must be submitted with all proposal materials.

I have read the request for proposal materials and understand the intent, the limitations, and requirements of services purchased through this proposal of services purchased through this proposal and the contractual requirements of IHCDA.

I hereby certify that all program information in the program proposal forms are true and correct and Accurately reflects the agency's program. I understand and will comply with the programmatic Contractual requirements placed upon this Agency if we are awarded funding this application.

I hereby certify that the FY'08 projected financial narratives are true and accurately reflect the agency's projected cost for the year of service delivery.

Signature:

Name: (typed or printed)

Title:

Agency's Legal Name:

Date:

EMERGENCY SHELTER REQUEST FOR PROPOSAL
Indiana Housing & Community Development Authority
ESG COVER PAGE

A. SUBMITTING AGENCY:

Required to be an Existing Emergency Homeless Shelter or Transitional Housing providing shelter services to homeless clients. Required to be a Non Profit 501 (C3) (Attach documentation)

Agency's Legal Name: _____ Federal ID#: _____
Street/P.O. Box: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Chief Executive Officer (name and title): _____ CEO Email: _____
Local Contact Person: (name and title): _____
Email of Contact Person: _____

B. SERVICE AREA COUNTIES:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

C. AGENCY IS: (check all that are applicable – to check with mouse – put icon next to small box, click on mouse 2x – left part of mouse)

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Shelter - Temporary | <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Transitional Housing – up to 24 mnth | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Day Shelter – no overnight | <input type="checkbox"/> Veterans | <input type="checkbox"/> Clinic |
| | | <input type="checkbox"/> All Homeless |

D. FUNDING REQUEST & MATCH – MAXIMUM REQUEST \$50,000

ESG Request _____ Match – 100% required
\$ _____

Where are you going to receive your match? Check the match description(s). You can utilize more than one:

- ☐ Cash: Contribution/Charity: _____
- ☐ Grants: State Grants/Private Grants: _____
- ☐ In-Kind: Salary paid to staff:
Value of Time by volunteers:
Value of any lease on a building:
Value of any donated material or building:

FOR IHCD
ONLY:

Date Received:

Time:

By:

EXHIBIT 1: ORGANIZATIONAL CAPACITY

A. How many years has your organization served homeless population?

- ☐ 10 or more years
- ☐ 5-9 years
- ☐ Less than 5 years

B. Is your organization an active member of any of the following? How do you participate in these meetings/groups?

- ☐ Regional/Local Continuum of Care Meetings
- ☐ State/Local Consolidated Plan Process
- ☐ Regional/Local Homeless Committees (example: United Way, HOPWA Committees, Domestic Violence Committees, Homeless Veterans Committees, etc.)

Please describe your level of involvement. Attach documentation of membership and copies of meeting minutes in order to receive points for this section.

C. Provide an Organizational Chart of the Agency/Shelter.

D. Provide Articles of Incorporation.

E. Provide Secretary of State Certificate of Existence.

F. What is your organization's annual budget?

Please complete the below listed chart or attach a copy of the organization's annual budget. The budget will be reviewed to determine the percentage of funds received from government, foundations and community support. The budget will also be reviewed to determine the percentage of unrestricted funds available to the organization and the organization's deficit ratio. Please attach a copy of the organization's most recent completed audited financial statements. Please list the start and end date for the budget.

*What is the requested State ESG percentage of the revenue? _____%

Start Date: _____

End Date: _____

	Total Amount for Organization	% of Total
Revenue:		
Grants/Awards*		
Community Support (Donations/Fund-raising)		
Fee for Service		
Interest and Other Investment Income		
Other:		
Other:		
Other:		
Total Revenue		100%
Expenses:		
Salaries and Wages		
Employee Benefits		
Payroll Taxes		
Other Taxes		
Insurance		
Rent		
Utilities		
Materials and Supplies		
Organization Contracts/ Financial Obligations		
Professional Fees		
Program-Related Expenses		
Loan/Line of Credit Payment(s)		
Other:		
Other:		
Other:		
Total Expenses		100%
Excess/(Deficit) – Revenue Minus Expenses		

G. Describe the organization's board of directors fiscal oversight committee. How many members does it have, how often does it meet, and what are its responsibilities? Are there policy and procedures and how they are overseen?

- **Provide list of Board Members with the name of representing agency, address and phone number.**

H. What type of financial management system does your organization have? Describe the organization's system of checks and balances in its fiscal management. What is the division of responsibilities to ensure good fiscal oversight? Explain who maintains the organization's accounting records and if there is a software system utilized.

- **Provide the W-9 Form (form attached)**

I. During the past 12 months has the Agency received an award from any of the following?

☐ Yes ☐ No

If yes, please attach documentation of award and complete the following:

Funder	Award Date	Amount	Purpose of Funding
Indiana Housing Community Development Authority			
Family and Social Services Administration/ Div. Of Family Resources			
State Other:			
Federal Other:			
Private Other:			

J. Provide an address and description of the physical site of the shelter and describe the type of building that will be utilized.

K. Provide Certification Statement and Signature Form

L. Provide shelter rules, policy and procedures for termination of clients.

M. How will your agency identify and document homeless status of a client?

N. Are there are any current HUD Findings against the agency? If yes, please explain.

O. Attach current Insurance documentation, fire, flood, natural disaster insurance, and general liability insurance (minimum or above \$500,000)

P. Attach current passed fire and health inspection.

EXHIBIT 2: PROGRAM NARRATIVE & SERVICES PROVIDED

A. Please provide a description of the service OFFERED AT your agency. If you provide services other than those listed, please provide a description under 'other'. If another agency provides this service but your agency refers to them, DON'T include in this section. This will be asked in section F of Exhibit 2.

Type of Service:	Description
Housing & Food Assistance	
Case Management (for Housing Placement, Mainstream Resources, Employment Assistance, etc.)	
Financial Assistance for utilities or rent	
Clothing & Other Necessities	
Legal Assistance	
Mental Health Counseling	

--	--

Type of Service	Description
Substance Abuse Counseling:	
Child Care Assistance:	
Transportation/ Transportation Assistance:	
Medical/Dental Assistance:	
Support Groups	
Homeless Prevention (utility and rent assistance):	

Please check each activity you are planning to carry out.

- ☐ Essential Services
- ☐ Operations
- ☐ Homeless Prevention

Emergency Shelter funds may be used for:

Essential Services: Such services include, but are not limited to, those concerned with employment, health, substance abuse, education, childcare, transportation, assistance in obtaining other federal, state, and local assistance, and assistance in obtaining permanent housing. Staff salaries that provide direct case management services necessary to offer such services are allowable costs. These services must be new services or increased services that are offered at the shelter.

Shelter Operating Costs: These costs include rent, repairs, fuel, security, food, utilities, essential equipment, insurance, staff costs and administrative costs, (who do not provide direct client services). Temporary hotel/motel costs for homeless persons who cannot stay at the shelter. HMIS software costs. Staff salary /administrative costs that operate the shelter cannot exceed 10% of the total award to the grantee.

Homeless Prevention Activities: These activities include, but are not limited to, short term subsidies to defray rent and utility arrearages, security deposits or first month's rent, landlord mediation programs, legal services for indigent tenants, payments to prevent home foreclosure, and other innovative programs and activities designed to prevent the incidence of homelessness.

B. ESG Program Financial & Activity Plan/Budget Plan:

Essential Services Activity	Amount Requested
Salaries for Case Managers with Direct Care Only for services below:	
Child Care	\$
Education assistance	\$
Housing Placement Assistance	\$
Job Training Assistance	\$
Supportive Services/Budgeting Assistance	\$
Mainstream Resource Assistance	\$
Food Pantry for Clients	\$
Medical/Dental for Clients	\$
Prescriptions for Clients	\$
Outreach	\$
Other	\$
TOTAL	\$

Operations Activity	Amount Requested
Shelter Staff (10% only of award)	\$
Utilities	\$
Bldg/Ground Maintenance	\$
Rent/Lease of Building	\$
Insurance	\$
Office Supplies/Postage	\$
Shelter Supplies/Cleaning Supplies	\$
Trash Removal	\$
Motel/Hotel for clients	\$
Water/Sewage	\$
Food	\$
HMIS Software Fees	\$
Other (specify)	\$
TOTAL	\$

Homeless Prevention Activity	Amount Requested
Rental Assistance	\$
Mortgage Assistance	\$
Utility Assistance	\$
Security Deposits	\$
Landlord Mediation	\$
Legal Srvs for Mediation	\$
Other (Specify)	\$
	\$
TOTAL	\$

C. What is the PROPOSED number of HOMELESS clients you plan to serve this fiscal year (7/1/08-6/30/09)?

Briefly explain how this number was established to show the need in your community:

D. BED CAPACITY & NUMBER SERVED:

(If prior grantee, utilize ESG Annual Report due July 15, 2007)

Family Beds Available:

Individual Beds Available:

Number Clients Served 7/1/06 –6/30/07:

(If prior grantee, utilize ESG Annual Report)

Number clients Housed on January 25, 2007:

(If prior grantee, utilize ESG Annual Report due July 15, 2007)

Number of clients housed on April 18, 2007:

(If prior grantee, utilize ESG Annual Report due July 15, 2007)

Number of clients housed between July 1, 2006-June 30, 2007:

(If prior grantee, utilize ESG Annual Report due July 15, 2007)

Are you a Day Shelter only? Yes ☐ No ☐

E. How will the program ensure that homeless clients are applying for mainstream resources?

(Medicare, Medicaid, Food Stamps, SSI Veteran Benefits, Soar Trained)

F. The following describes the partnerships that exist between your agency and other local agencies to deliver services to homeless. Provide the names of agencies your agency REFERS to for services and what would be accomplished? Provide information for each category and add more categories if necessary.

Type of Service:	Description
Housing & Food Assistance	
Case Management (for Housing Placement, Mainstream Resources, Employment Assistance, etc.)	
Financial Assistance for utilities or rent	
Clothing & Other Necessities	
Legal Assistance	
Mental Health Counseling	

Type of Service	Description
Substance Abuse Counseling	
Child Care Assistance:	
Transportation/Transportation assistance:	
Medical/Dental Assistance	
Support Groups	
Homeless Prevention Funds (rent & utility assistance)	

- Provide 1 MOU with an agency that provides mainstream resources to clients, ex: food stamp agency, Medicaid agency, Medicare/SSI agency

G. Describe your agencies' programs and name the agencies that help transition clients from temporary housing (shelter or TH) to permanent housing (SHP, Section 8, S+C, low income housing/landlords)?

- Please provide 1 MOU with an organization that provides permanent housing, example: housing authority, community action agencies, and mental health centers with S+C program, low-income apartments/landlord.

H. If the person identifies that they are homeless but the agency is unable to give them service (agency is full or only provides services to families or women, etc.), how is the agency facilitating with others in the community to verify the client receives assistance? Is there a policy and procedure in affect or a MOU with another agency to accept clients?

- I. Describe your evaluation method for the Three Performance Based Objectives that are Required to track the fiscal year/grant period. Describe how the objectives will be tracked. Performance Based Options on the next page.**

<i>EVALUATION METHOD</i>
<i>Example Objective: 40% of clients will access transitional or permanent housing upon successfully completion from the program.</i>
<i>Example Method: Intake and Exit Form completed in HMIS software system with discharge housing noted for each client. Services by a Case Manager to help overcome employment issues, mainstream resources, day care, GED, budgeting, etc.</i>

- J. What percentage of the total served population is disabled for example; mental illness, severe substance abuse or HIV/AIDS? _____%**

ESG PERFORMANCE BASED OPTIONS 2008-2009

Choose one of the categories; Day Shelter, Emergency Shelter or Transitional Housing that ESG funds will be may reimburse your agency. Each agency will be required to follow three objectives under one category. Follow these three performance-based objectives through the whole fiscal year (July 1 – June 30). A Performance Report will be due quarterly: October 10th, January 10th, April 10th, and July 10th. The shelter must reach the percentage goal or above by the end of the fiscal year.

Day Shelter/non overnight stay:

1. **80%** of all clients will establish a case/care plan within 7 days of admission.

Measurement: Number of clients serviced evidenced by a summary list within the specified time period devoid of personal identifiers through some numeric or alpha coding.

2. **85%** of clients will **receive** mainstream services if applicable to the programs. (E.g. Food Stamps, Medicaid, Medicare, VA benefits, SSI, SSDI, etc.)

Measurement: Number of clients evidenced by a summary list of those referred devoid of personal identifiers through some numeric or alpha coding

3. **85%** of clients will have a complete client assessments/intake within 72 hours.

Measurement: Services evidenced by a summary of clients who received the assessment in allotted time devoid of personal identifiers through some numeric or alpha coding.

Emergency Shelter /Overnight Stay:

4. **40%** of clients will access transitional or permanent housing upon successful completion from the program (for clients who stay at least 30 days.)

Measurement: Number of clients evidenced by a summary list of those clients devoid of personal identifiers through some numeric or alpha coding.

5. **50%** will increase their income or be employed upon exit from the program (for clients who stay 30 days or more in the program).

Measurement: Number of clients evidenced by a summary list of those clients who have met this goal devoid of personal identifiers through some numeric or alpha Coding.

6. **80%** of clients will receive case management/and or counseling at least 1 time a week that stay more than 7 days for emergency shelters.

Measurement: Service evidenced by a number of clients' who received case management devoid of personal identifiers through some numeric or alpha coding

Transitional Housing (up to 24 month stay):

7. **70%** of the transitional residents will move from transitional to permanent housing for families/individuals that stay at least or under 24 months.

Measurement: Service evidenced by a summary of those clients who have met this goal when discharged devoid of personal identifiers through some numeric or alpha coding.

8. **80%** of clients who reside in transitional units will receive case management at least 1 time a month and reach 1 goal prior to exiting the program.

Measurement: Service evidenced by a summary of those clients receiving case management devoid of personal identifiers through some numeric or alpha coding.

9. **50%** will be employed upon exit from program (for clients who stay at least 60 days in program).

Measurement: Service evidenced by a summary of those clients who receive employment income devoid of personal identifiers through some numeric or alpha coding.

PLEASE ATTACH THE FOLLOWING INFORMATION WITH RFP

Send two copies – Just staple or clip RFP. DO NOT enclose document in folders, binders, or three ring binders. Please send document in the order below.

DUE DATE: February 25, 2008 by 4:30 pm Indpls time by mail only.

IN THIS ORDER PLEASE:

- ESG Cover Page
- RFP – Exhibit 1 and Exhibit 2 - please include the whole document including the questions
- W-9 – Taxpayer Identification Number Form
- Certification Statement and Signature Form
- List of **current** board members with representing agency, address and phone numbers
- **Current** agency organization chart
- Articles of Incorporation
- Secretary of State Certification of Existence (Must be the most recent)
- Agency Rules and Termination Policy for residential clients.
- Copy of **current passed** fire inspection
- Copy of **current passed** health department inspection. (If your fire inspector or health inspector say you don't need one, you are required to attach a letter from them stating that you don't need an inspection)
- 2 **current** Memoranda of Understanding as stated in application
- Total Agency Budget (Copy of organization's current budget)
- Financial Statements
Attach a copy of your organization's most recently completed year-end financial statements. (annual or fiscal year-end, audited if applicable).
- CERTIFICATES OF INSURANCE AND BONDING
Attach a copy of the insurance declaration page indicating the current amount of coverage:
 - General Liability (minimum coverage: if your agency receives ESG funding the minimum is \$500,000.
 - Automobile Liability (must include non-owned vehicles)
 - Workers' Compensation and Unemployment Compensation
 - Bond or insurance coverage, in an amount equal to one-half (1/2) of the total annual funding provided by the State or \$250,000, whichever is less, for all persons who will be handling funds.
 - Coverage for losses due to fire, flood, and natural disasters.